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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 2467

SERIAL NUMBER 09/767,413	FILING DATE 01/23/2001 RULE	CLASS 340	GROUP ART UNIT 2632	ATTORNEY DOCKET NO. 887
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APPLICANTS

Cynthia L. Cassel, Connellsville, PA;

Robert H. Cassel JR., Connellsville, PA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/01/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature	Initials		
Verified and Acknowledged				

ADDRESS

John D. Gugliotta, P.E., Esq.
202 Delaware Building
137 South Main Street
Akron, OH
44308

TITLE

Combination breathing monitor alarm and audio baby alarm

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 2467

SERIAL NUMBER 09/767,413	FILING DATE 01/23/2001 RULE	CLASS 340	GROUP ART UNIT 2635	ATTORNEY DOCKET NO. 887
APPLICANTS Cynthia L. Cassel, Connellsville, PA; Robert H. Cassel JR., Connellsville, PA;				
** CONTINUING DATA ***** <i>TNP</i>				
** FOREIGN APPLICATIONS ***** <i>TNP</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/01/2001				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>Signature</i> Acknowledged <i>Examiner's Signature</i> <i>TNP</i> <i>Initials</i>		STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 11
			INDEPENDENT CLAIMS 1	
ADDRESS John D. Gugliotta, P.E., Esq. 202 Delaware Building 137 South Main Street Akron, OH 44308				
TITLE Combination breathing monitor alarm and audio baby alarm				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	